

**Summary of May 2009
State Outcomes Implementation**

Open Ended Comments

Provider Number: _____

Provider Name: _____

- 1** What were the areas of concerns/issues that were expressed by the consumers at your clinics?

Specify the area and general theme-Access, Satisfaction, Cultural Sensitivity, Treatment Outcomes, Participation in Treatment Planning

- 2** What was done at your clinic(s) in response to these comments?
Explain. What would be your goal for QI based on these comments?

- 3** If no action was taken explain the reasons.

**Please return this completed form to the Service Area Survey Liaison
by May 29th, 2009 along with your Surveys**

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4 Did your clinic(s) find the LACDMH survey implementation process helpful?

5 What would you improve with the LACDMH survey implementation process?

6 Overall, what type of changes would your clinic(s) suggest?

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